



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

D117-837-111  
Job Sheet 183230



Part No: D117-837-111

Job Qty: 1 ea

Part Name: BK117 Basket Mounting Provisions



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 9/13/18

Job Tracking No:

Due Date: 10/10/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG DSI9724 REV A, IIN-D117-837 REV B SHEET 16 IPP REV:A 13.03.28 NEW ISSUE DD VERF:JLM IPP  
REV:B 13.06.21 IIN-D117-837 REV.A DD VERF:JFS IPP REV:C 14.07.25 ecn 14-571/ chg002 DD VERF:JLM  
IPP REV:D 15.05.27 add DSI9727 as per ecn15-571 DD verf:jlm

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|
|       |                    |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |
| 90    | Start up Operation | 1 Ea  | 10/10/18   | 10/10/18 | 0.00      | 0.00    | Start Up Stores/Pkg-1 |           |
| 110   | Packaging          | 1 pcs | 10/10/18   | 10/10/18 | 0.00      | 0.00    | Packaging1-1          |           |
| 120   | QC                 | 1 pcs | 10/10/18   | 10/10/18 | 0.00      | 0.00    | QC4                   |           |
| 125   | DC                 | 1 pcs | 10/10/18   | 10/10/18 | 0.00      | 0.00    | DC                    |           |
| 130   | Packaging          | 1 pcs | 10/10/18   | 10/10/18 | 0.00      | 0.00    | Packaging3-1          |           |
| 140   | QC21-FG            | 1 Ea  | 10/10/18   | 10/10/18 | 0.00      | 0.00    | QC21                  |           |

Part Op 110 - Pick Kit

Descriptions: 120 - QC4- 100% Inspect kits for completeness

125 - Document Control Photocopy bluefile & type labels per PPP D117-837-111 CHG003

130 - Identify as per dwg & Stock Location: \_\_\_\_\_ Identify and pack for shipping as per PPP D117-837-111

Location: \_\_\_\_\_

140 - QC21- Final Inspection - Work Order Release

### Job BOM

| Part / Item   | Component Name             | Quantity      | Operation             | Container |
|---------------|----------------------------|---------------|-----------------------|-----------|
| AN4-13A       | Bolt                       | 4 Ea (4 ea)   | 90-Start up Operation | 5089302   |
| AN4-17A       | Bolt                       | 4 Ea (4 ea)   | 90-Start up Operation | 5106972   |
| AN5-23A       | Bolt                       | 12 Ea (12 ea) | 90-Start up Operation | 5016506   |
| D4893-1       | Hard Point Adapter, LH     | 2 Ea (2 ea)   | 90-Start up Operation | 5078296   |
| D4893-2       | Hard Point Adapter, RH     | 2 Ea (2 ea)   | 90-Start up Operation | 5078301   |
| D4894-1       | Fwd Beam                   | 1 Ea (1 ea)   | 90-Start up Operation | 5053662   |
| D4894-3       | Aft Beam                   | 1 Ea (1 ea)   | 90-Start up Operation | 5055677   |
| D4895-045     | Fwd Outboard Beam Assembly | 1 Ea (1 ea)   | 90-Start up Operation | 3092120   |
| D4895-047     | Aft Outboard Beam Assembly | 1 Ea (1 ea)   | 90-Start up Operation | 5097167   |
| D5253-1       | Shim                       | 4 Ea (4 ea)   | 90-Start up Operation | 5115270   |
| MS20002C6     | Washer                     | 12 Ea (12 ea) | 90-Start up Operation | 5027732   |
| MS21042L4     | Nut                        | 8 Ea (8 ea)   | 90-Start up Operation | 5094597   |
| MS21042L5     | Nut                        | 12 Ea (12 ea) | 90-Start up Operation | 5083541   |
| MS21042L6     | Nut                        | 12 Ea (12 ea) | 90-Start up Operation | 5083542   |
| MS21250-06022 | Bolt                       | 12 Ea (12 ea) | 90-Start up Operation | 5024485   |
| NAS1149D0416J | Washer                     | 16 Ea (16 ea) | 90-Start up Operation | FM131511  |
| NAS1149D0516J | Washer                     | 24 Ea (24 ea) | 90-Start up Operation | 5007015   |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                             | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Cross tube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                 |                                   |                                  | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/>   | Water Jet <input type="checkbox"/>      | Engineering <input type="checkbox"/>   | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>  | Thermoforming <input type="checkbox"/>          | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/>          | Composite <input type="checkbox"/>        | Supplier <input type="checkbox"/> |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |  |                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |
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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Small Fab <input type="checkbox"/>             | Prod. 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Coord. <input type="checkbox"/>                                                                                                                                         | Quality <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                   |                                  |                                    |                                       |                                         |                                        |                                    |                                    |                                            |                                   |                                                 |                                    |                                              |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |  |                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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flex-direction: column; align-items: center;"> <p> <b>Container No: S113520</b><br/> <b>Part: D117-837-111</b><br/> <b>Job No: 183230</b><br/> <b>Serial No/Batch: S113520</b><br/> <b>Revision:</b> _____<br/> <b>Inspector:</b> _____<br/> <b>Exp Date:</b> _____<br/> <b>Instructions:</b> TC STC SH13-22-Issue 2, FMA/STC SR03353NY 16/09/20, EASA         </p> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                   |                                  |                                    |                                       |                                         |                                        |                                    |                                    |                                            |                                   |                                                 |                                    |                                              |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |  |                                        |                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |
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                                             |                                           |
| <b>Root Cause</b><br><table style="width:100%;"> <tr> <td>Environment <input type="checkbox"/></td> <td>No Re-verification <input type="checkbox"/></td> <td>Pressure/Force <input type="checkbox"/></td> </tr> <tr> <td>Design <input type="checkbox"/></td> <td>Operator <input type="checkbox"/></td> <td>Bending <input type="checkbox"/></td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td>Offset/Setup <input type="checkbox"/></td> <td>Centre Not Con <input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td>Cracks <input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td>Training <input type="checkbox"/></td> <td>Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td>Use for Testing <input type="checkbox"/></td> <td>Cuffs <input type="checkbox"/></td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td>Poor Information <input type="checkbox"/></td> <td>Crushing <input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td>Rushing <input type="checkbox"/></td> <td>Heat Treat <input type="checkbox"/></td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td>Product Improvement <input type="checkbox"/></td> <td>Wave/Twist in Tube <input type="checkbox"/></td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td>Process Improvement <input type="checkbox"/></td> <td>Marks/Chatter <input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td>Manufacturing Process <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td>Past Due <input type="checkbox"/></td> <td></td> </tr> </table> |                                                | Environment <input type="checkbox"/>                                                                                                                                               | No Re-verification <input type="checkbox"/> | Pressure/Force <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/> | Doc/Data <input type="checkbox"/>  | Offset/Setup <input type="checkbox"/> | Centre Not Con <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/>  | Cracks <input type="checkbox"/>    | Handling/Pre <input type="checkbox"/>      | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Material <input type="checkbox"/>  | Use for Testing <input type="checkbox"/>     | Cuffs <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> |  | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> |  | <b>ULT CATEGORY</b><br><table style="width:100%;"> <tr> <td>Power Loss/Surge <input type="checkbox"/></td> <td>Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td>Folio/Program <input type="checkbox"/></td> <td>Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td>Grain <input type="checkbox"/></td> <td>Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td>Weld <input type="checkbox"/></td> <td>Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td>Wrong Stock Pulled <input type="checkbox"/></td> <td>Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td>Out of Sequence <input type="checkbox"/></td> <td>Part Moved <input type="checkbox"/></td> </tr> <tr> <td>Off-set <input type="checkbox"/></td> <td>Drawing <input type="checkbox"/></td> </tr> <tr> <td>Mislabeled <input 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type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                             |                                           |
| Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Misread <input type="checkbox"/>               |                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                   |                                  |                                    |                                       |                                         |                                        |                                    |                                    |                                            |                                   |                                                 |                                    |                                              |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                       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                                             |                                           |
| Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Turning Sequence <input type="checkbox"/>      |                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                   |                                  |                                    |                                       |                                         |                                        |                                    |                                    |                                            |                                   |                                                 |                                    |                                              |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                       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| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                             |                                           |

**Job Allocations**

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | AN4-13A        | 4        | 924       | 0         |
|                       | AN4-17A        | 4        | 345       | 0         |
|                       | AN5-23A        | 12       | 25        | 0         |
|                       | D4893-1        | 2        | 3         | 0         |
|                       | D4893-2        | 2        | 3         | 0         |
|                       | D4894-1        | 1        | 1         | 0         |
|                       | D4894-3        | 1        | 1         | 0         |
|                       | D4895-045      | 1        | 2         | 0         |
|                       | D4895-047      | 1        | 2         | 0         |
|                       | D5253-1        | 4        | 0         | 0         |
|                       | MS20002C6      | 12       | 117       | 0         |
|                       | MS21042L4      | 8        | 4,202     | 0         |
|                       | MS21042L5      | 12       | 888       | 0         |
|                       | MS21042L6      | 12       | 456       | 0         |
|                       | MS21250-06022  | 12       | 40        | 0         |
|                       | NAS1149D0416J  | 16       | 2,868     | 0         |
|                       | NAS1149D0516J  | 24       | 112       | 0         |
|                       | NAS1149D0616J  | 12       | 288       | 0         |

**Part Specifications**

Specifications could not be found.



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |



# DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS IIN-D117-837 REV. B AND  
INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D117-837 REV. 1  
REF. TCCA STC: SH13-22  
REF. FAA STC: SR03353NY

## 1.0 Purpose

Some customers have experienced problems with the alignment of the quick release pins after installing the D117-837-011 Basket kit after CHG 003. The purpose of this DSI is to provide instructions and parts to correct this mis-alignment. The DSI 9724-011 Shim Kit provides tapered shims that may be installed between the D5106-041 Bracket Assemblies and the bottom rib of the D4784-041 Basket Assembly.

## 2.0 Installing D5253-1 Shims

- 2.1 Unfasten D5106-041 Bracket Assy from D4784-041 Basket Assy.
- 2.2 Replace AN4-12A bolts with AN4-13A bolts and install D5253-1 shims as shown in Figure 1, using 2x NAS1149D0416J washers and 1 x MS21042L4 nut per shim. Pay attention to the orientation of the shim in relation with the basket center. Position the 4x D5253-1 Shims with the thicker side away from the center of the basket.
- 2.3 Fasten D5106-041 Bracket Assy to D4784-041 Basket Assy.
- 2.4 Continue with step 3.1.3 of IIN-D117-837 Rev. B.

## 3.0 Parts List

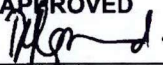
For D117-837-011 Heli-Utility-Baskets @ CHG 003 and later, the DSI 9724-011 Shim Kit is available from Dart. The parts in the DSI 9724-011 Shim Kit have been added to D117-837-011 Basket Kits @ CHG 006 and later.

| Qty<br>-011 | Part Number   | Description |
|-------------|---------------|-------------|
| X           | DSI 9724-011  | SHIM KIT    |
| 4           | D5253-1       | SHIM        |
| 4           | AN4-13A       | BOLT        |
| 4           | MS21042L4     | NUT         |
| 8           | NAS1149D0416J | WASHER      |

## 4.0 Weight & Balance

This DSI has a negligible effect on Weight & Balance

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED  
BY:   
D. SHEPHERD (DE # 02)

DATE: 15.05.11  
CERT. NO.: SH13-22  
ISSUE NO.: 1

|                                                                                                                                                                                                                                |                                                                                     |                                        |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|--------------|
| A                                                                                                                                                                                                                              | NEW ISSUE                                                                           | RF                                     | 15.05.11     |
| REV.                                                                                                                                                                                                                           | DESCRIPTION                                                                         | BY                                     | DATE         |
| DESIGN                                                                                                                                                                                                                         | RF                                                                                  | DART AEROSPACE LTD                     |              |
| DRAWN                                                                                                                                                                                                                          | RF                                                                                  | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                        | HS                                                                                  | DRAWING NO.                            | REV. A       |
| MFG. APPR.                                                                                                                                                                                                                     | N/A                                                                                 | DSI 9724                               | SHEET 1 OF 2 |
| APPROVED                                                                                                                                                                                                                       |  | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                       |  | SHIM KIT                               | NTS          |
| DATE                                                                                                                                                                                                                           | 15.05.11                                                                            | COPYRIGHT © 2015 BY DART AEROSPACE LTD |              |
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## 5.0 PARTS LIST

| Qty<br>-011 | Qty<br>-013 | Qty<br>-111 | Part Number   | Description                        |
|-------------|-------------|-------------|---------------|------------------------------------|
| X           |             |             | D117-837-011  | HELI-UTILITY-BASKET, LH/RH         |
|             | X           |             | D117-837-013  | PROP ARM KIT                       |
| 1           |             | X           | D117-837-111  | BASKET PROVISION MOUNTING KIT      |
|             | 1*          |             | D2332-041     | PROP ASSEMBLY (OPTIONAL)           |
|             | 4*          |             | D3953-9       | WASHER                             |
| 1           |             |             | D4784-011     | BASKET ASSEMBLY, HEAVY DUTY, LH/RH |
| 1           |             |             | D4794-043     | STRUT ASSY                         |
|             |             | 2           | D4893-1       | HARDPOINT ADAPTER, LH              |
|             |             | 2           | D4893-2       | HARDPOINT ADAPTER, RH              |
|             |             | 1           | D4894-1       | FWD BEAM                           |
|             |             | 1           | D4894-3       | AFT BEAM                           |
|             |             | 1           | D4895-045     | FWD OUTBOARD BEAM ASSY             |
|             |             | 1           | D4895-047     | AFT OUTBOARD BEAM ASSY             |
| 1           |             |             | D4911-1       | BRACKET                            |
| 2           |             |             | D4911-3       | BRACKET                            |
| 4           |             |             | D5106-041     | BRACKET ASSY                       |
| 2           |             |             | AN3-11A       | BOLT                               |
| 4           |             |             | AN4-12A       | BOLT                               |
|             |             | 4           | AN4-17A       | BOLT                               |
|             |             | 12          | AN5-23A       | BOLT                               |
|             |             | 12          | MS20002C6     | WASHER                             |
| 2           |             |             | MS21042-3     | NUT                                |
| 4           |             | 4           | MS21042L4     | NUT                                |
|             |             | 12          | MS21042L5     | NUT                                |
|             |             | 12          | MS21042L6     | NUT                                |
| 4           |             |             | MS21069L3     | ANCHOR NUT                         |
|             |             | 12          | MS21250-06022 | BOLT                               |
| 4           |             |             | MS27039-1-08  | SCREW                              |
| 8           |             |             | NAS1097AD3-4  | RIVET                              |
|             | 3*          |             | NAS1149C0463R | WASHER (or AN960C416)              |
| 8           |             | 8           | NAS1149D0416J | WASHER (or AN960JD416L)            |
|             |             | 24          | NAS1149D0516J | WASHER (or AN960JD516L)            |
|             |             | 12          | NAS1149D0616J | WASHER (or AN960JD616L)            |
| 6           |             |             | NAS1149F0332P | WASHER (or AN960-10L)              |

\* D2332-041 PROP ASSEMBLY & HARDWARE (OPTIONAL) TO REPLACE D3969-3 GAS SPRING

## Change Record

PAGE 1 OF 1

Part Number: D117-837-111

Description: BASKET PROVISION MOUNTING INSTALLATION

[illegible]